# State and Local Public Health Actions to Prevent Obesity, Diabetes, and Heart Disease and Stroke (1422)

## Program Overview

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## Summary

Maryland's 1422 communities are serving as a laboratory to identify, pilot and refine interventions that effectively prevent chronic disease.

State-level partners are working to translate ideas into practice and establish guidance for bringing interventions to scale.

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## Outline

- 1422 framework

- Center structure and staff

- Maryland landscape and state context

- About Maryland's 1422 communities

- Lessons learned

- Questions/Discussion

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## 1422 framework

- Focus: To prevent obesity, diabetes, heart disease, and stroke and reduce health disparities through *community and health system interventions*.

- $3.5 million annually in Maryland

- Half of funds go to local communities
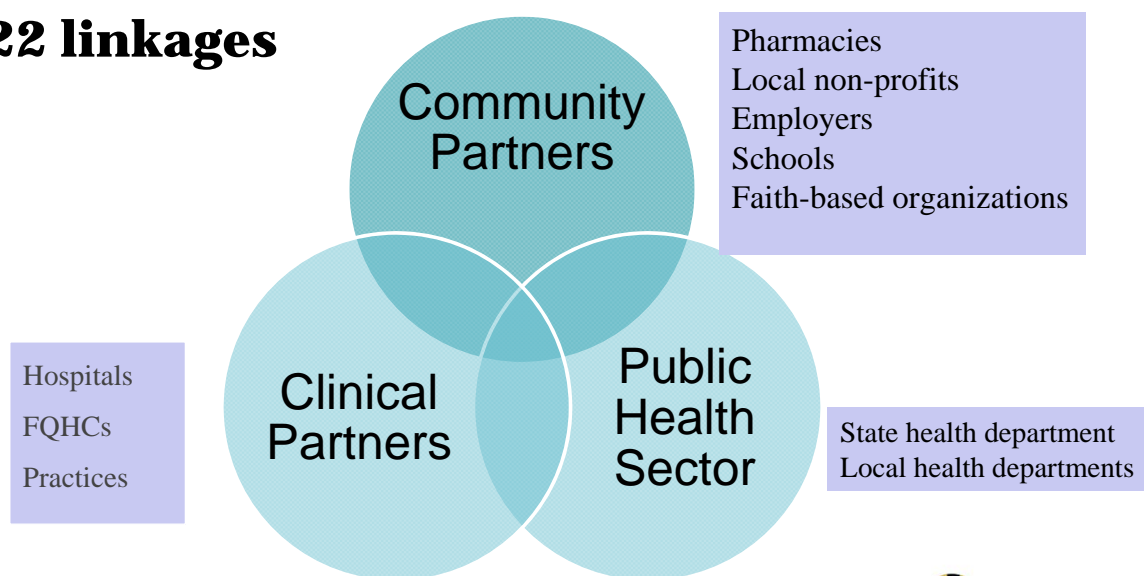
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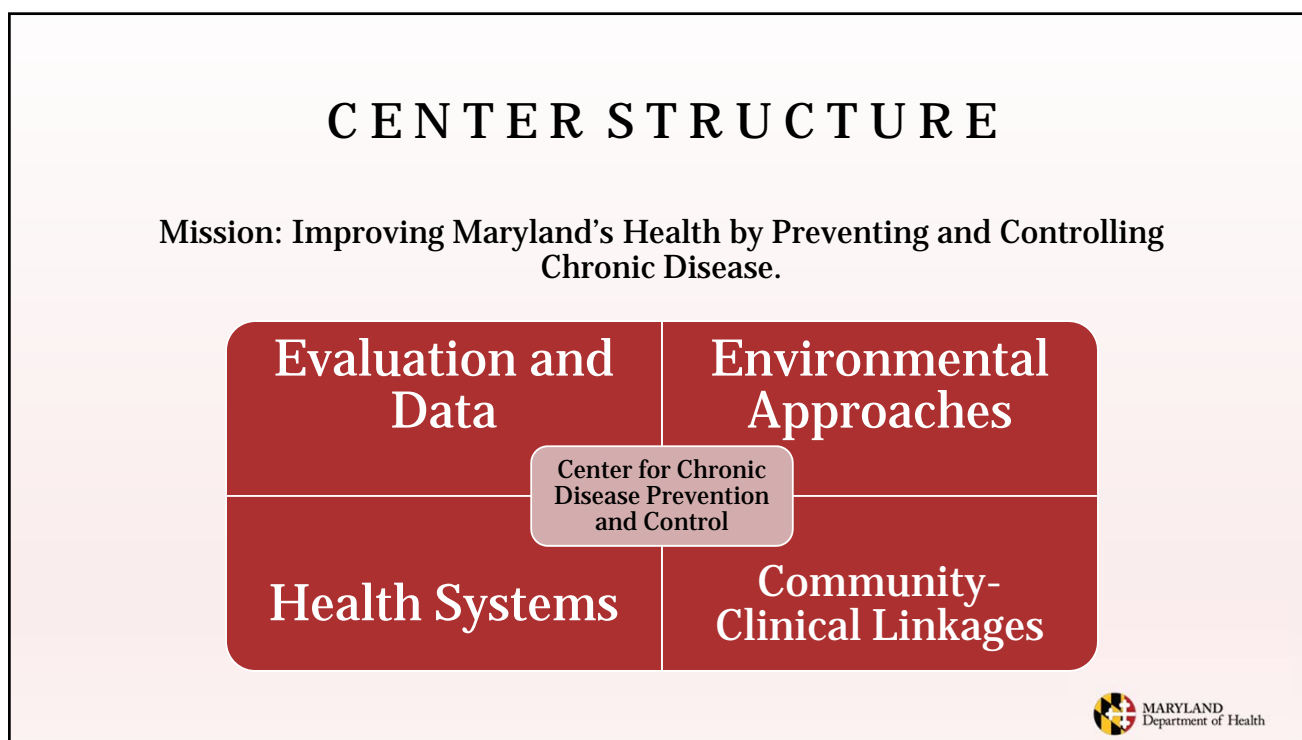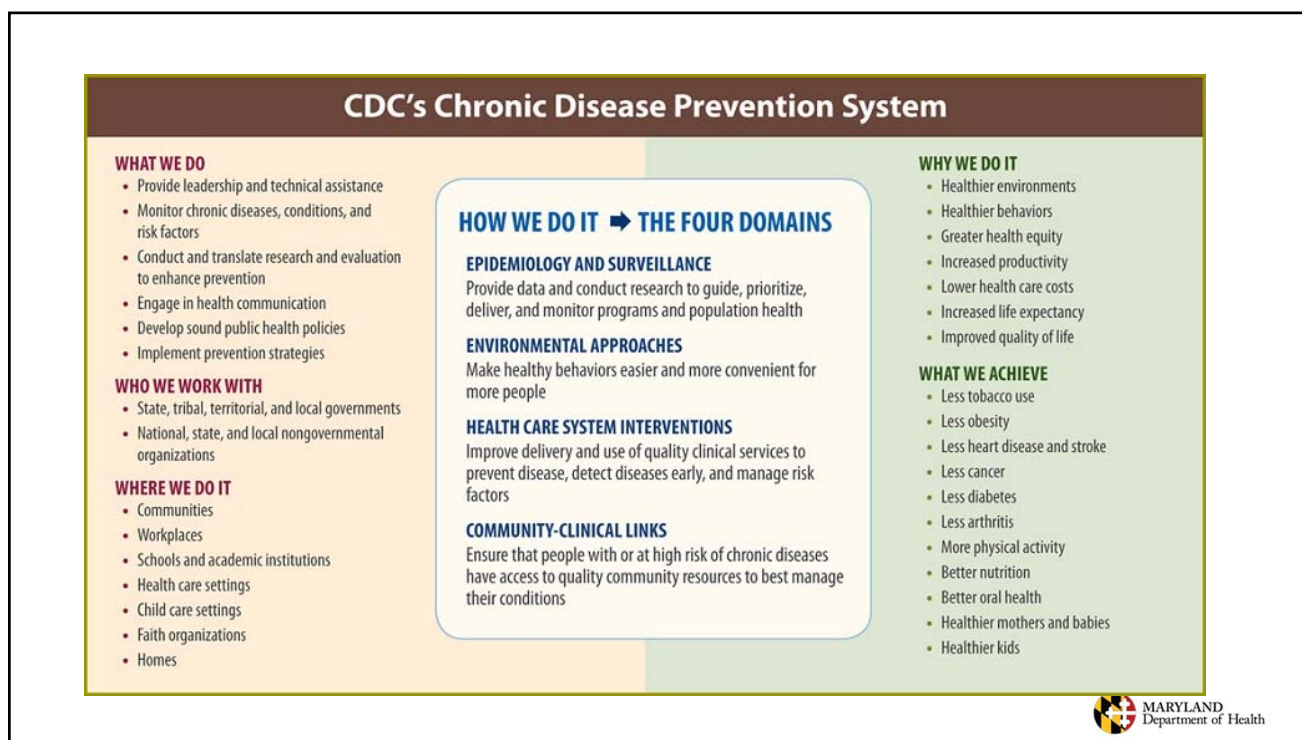
## 1422 framework

Community strategies:

- Build support for lifestyle change, particularly for those at high risk

- Link health system interventions and community programs to clinical services strategies to improve the quality of health care delivery and preventive services to populations with the highest hypertension and prediabetes disparities.

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## 1422 linkages

Community Partners

Pharmacies
Local non-profits
Employers
Schools
Faith-based organizations

Hospitals
FQHCs
Practices

Clinical Partners

Public Health Sector

State health department
Local health departments

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CDC's Chronic Disease Prevention System

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# CENTER STRUCTURE

Mission: Improving Maryland's Health by Preventing and Controlling Chronic Disease.

| Evaluation and Data | Environmental Approaches |
|---|---|
| Health Systems | Community-Clinical Linkages |

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# CENTER PROGRAMS

- BRFSS
- Medication adherence
- Improving data availability and access

- Healthiest Maryland Businesses
- School Health
- Early Childcare
- Breastfeeding

**Evaluation and Data**

**Environmental Approaches**

- Quality Improvement--LHDs
- MACHC data warehouse

**Health Systems**

**Community-Clinical Linkages**

- BeHealthyMaryland.org
- CDSMP-Living Well
- Diabetes Prevention
- Community Health Workers
- Alzheimer's and Cognitive Health
- Pharmacy
- Oral health
- Disability Inclusion

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# 1422 Team

Program Manager - Eileen Sparling, Ed.M.

- Component 1 Coordinator – Recruiting

- Component 1 Nutritionist – Debi Celnik, RD, MS, LDN

- Component 2 Coordinator – Colin Simms

- Community Programs Coordinator – Meghan Ames, MSPH, RD, CWP

- Diabetes Prevention Coordinator – Katherine Roulston, MPH

- Program Evaluator – Elizabeth Funsch, MPH, MA
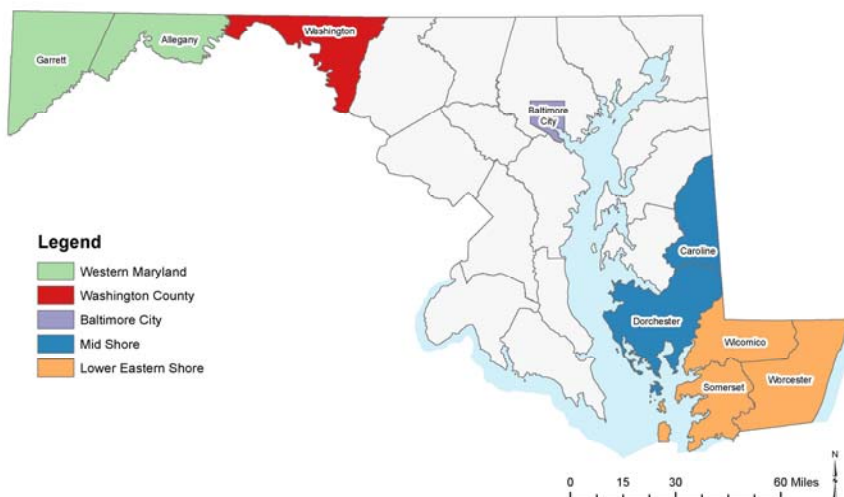
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# 1422 Communities

- Allegany County/Garrett County

- Washington County

- Caroline County/Dorchester County

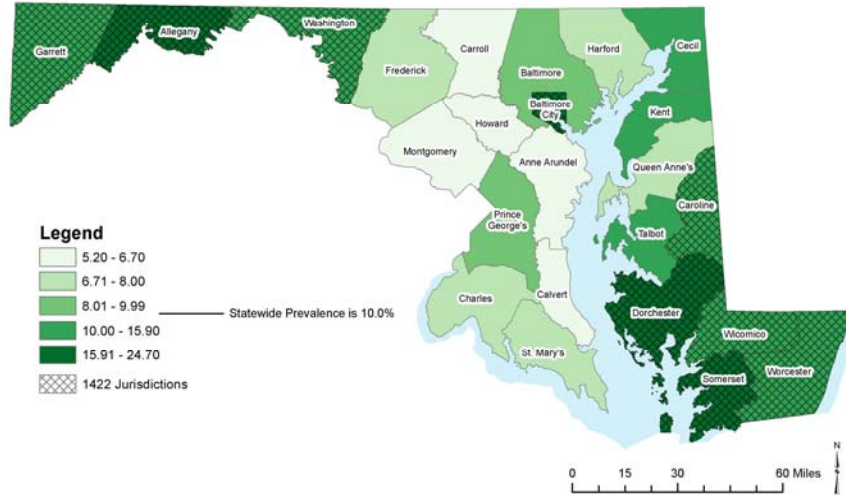- Somerset County/Wicomico County/Worcester County

- Baltimore City

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## 1422 Communities

Legend
- Western Maryland
- Washington County
- Baltimore City
- Mid Shore
- Lower Eastern Shore

Percent Below Poverty, 2011-2015 Highlighting 1422 Jurisdictions



Leisure Time Physical Activity Prevalence by Jurisdiction, 2013-2015
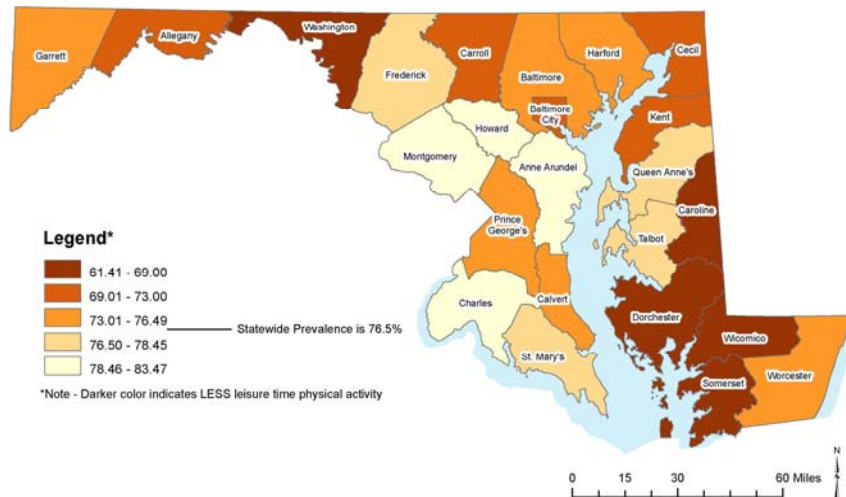
## Fruit and Vegetable Intake by Jurisdiction, 2013-2015
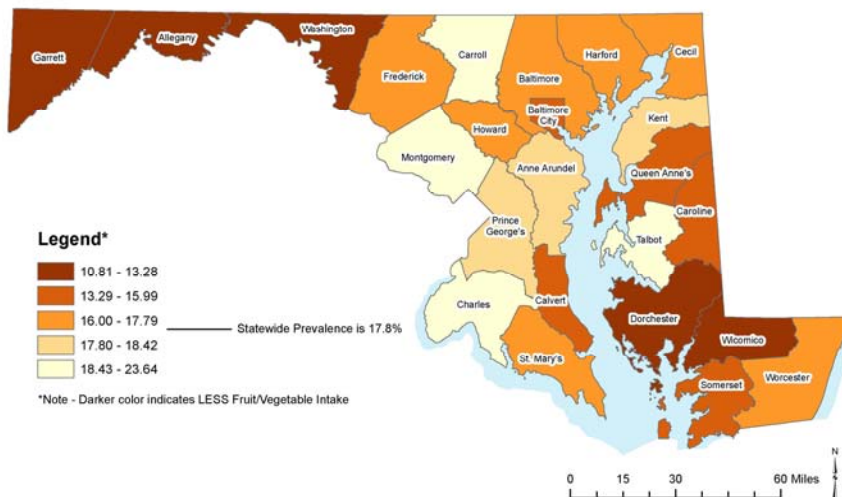
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**Legend***

- 10.81 - 13.28
- 13.29 - 15.99
- 16.00 - 17.79 —— Statewide Prevalence is 17.8%
- 17.80 - 18.42
- 18.43 - 23.64

*Note - Darker color indicates LESS Fruit/Vegetable Intake

0   15   30        60 Miles
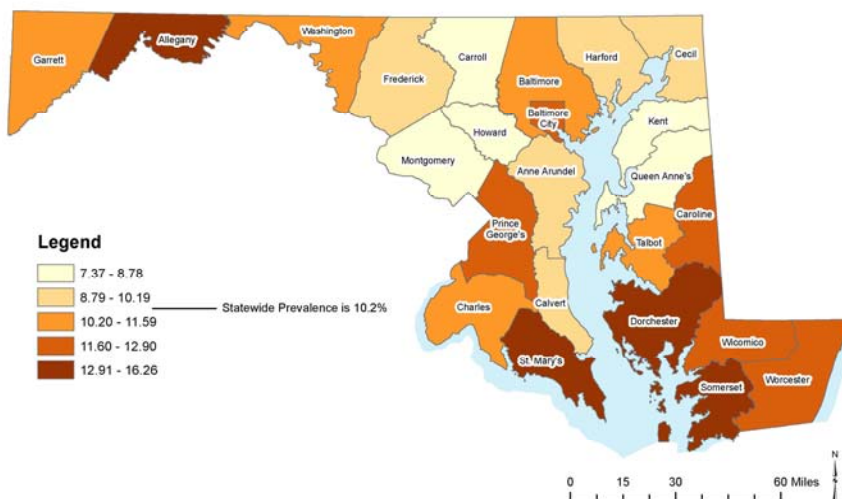
Source: Maryland Behavioral Risk Factor Surveillance System, 2013-2015

## Diabetes Prevalence by Jurisdiction, 2013-2015

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**Legend**

- 7.37 - 8.78
- 8.79 - 10.19 —— Statewide Prevalence is 10.2%
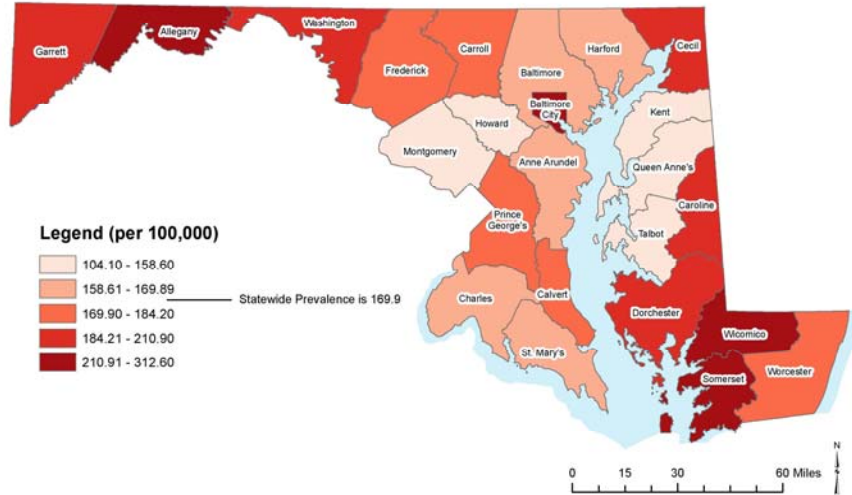- 10.20 - 11.59
- 11.60 - 12.90
- 12.91 - 16.26

0   15   30        60 Miles

Source: Maryland Behavioral Risk Factor Surveillance System, 2013-2015

Age-Adjusted Heart Disease Mortality by Jurisdiction, 2013-2015



Hypertension Prevalence, 2013-2015
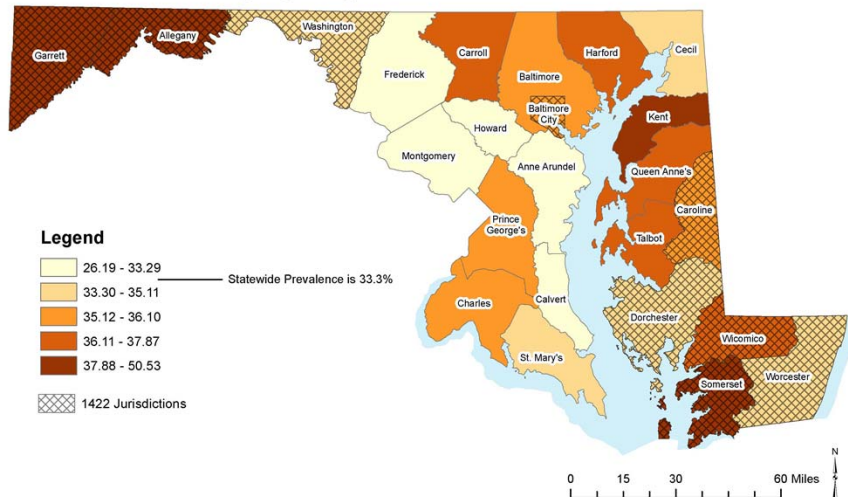Highlighting 1422 Jurisdictions

## Lessons learned - Challenges

- Competition among health care providers can impede collaboration.

- Transformation in health care payment models is a work in progress.

- Uncertainty of insurance exchange inhibits innovation.



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## Lessons learned - Challenges

- Adoption of EHRs is also a work in progress:

  - Slow implementation across systems;

  - Platforms across systems not universal.



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## Lessons learned - Challenges

Sustained community interest in health promotion and chronic disease prevention can be eroded by more "urgent" public health issues.



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## Lessons learned - Facilitators

- Leverage existing partnerships and collaborations
- Non-health community supports can be instrumental in changing the health environment:
  - Transportation
  - Child Care
  - Work schedules

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## Lessons learned - Facilitators

- Opportunities are poised for tipping.

    - Prediabetes is actionable.

    - Coverage for DPP is imminent.

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## Positioning Maryland for the next evolution...

- Identifying effective practices at the local level that can be scaled up and replicated.

- Examining the state role in creating system level interventions.



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QUESTIONS?

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